DEDI MYMILMOLE CUPI

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)		T	TYPE		OR I [
TOTAL CLAIMS			15				ŀ	RATE	FEE	.	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			/ 5 minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 mir	nus 3 =	* ,			X42=	, .	OR	X84=	î.	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				Ī	+140=		OR	+280=		
* If the difference in column 1 is less than zero					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED -								SMALL ENTITY (OTHER THAN SMALL ENTITY		
(Column 1)			(Colur		mn 2) Kest	(Column 3)	r	T	ADDI-) 		ADDI-	
AMENDMENT A	1	REMAINING AFTER	: :	NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	l	RATE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**	FOR	=	Ì	X\$ 9=	T Canada	OR	X\$18=		
MEN	Independent	*	Minus	dránk		=	Ì	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+140=		OR	+280=		
	•						l	TOTAL			TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)	_		mn 2)	(Column 3)		···					
H B		CLAIMS REMAINING AFTER		NUA	HEST MBER IOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT		AMENDMENT		PAIC	FOR				FEE	l		FEE	
2	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent			***	T CLAIM	-		X42=		OR	X84=		
╙	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
										OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)									•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u> </u>		CLAIMS	LAIMS HIGHES		HEST				ADDI-	1		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER /IOUSLY D FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***]=	1	X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN						1	+140=		1	+280=	1	
١.	If the coincide act	ımn 1 is less than	the entry in col	umn 2 w	ite "O" in o	olumn 3.				OR	L	ļ	
**	If the "Highest No	ımber Previousiv l	Paid For IN TH	IIS SPACE	E is less th	an 20, enter "20.	.*	TOTAL ADDIT. FEE	L	OR	TOTAL ADDIT. FEE		
"	If the "Highest Ni" The "Highest Nu	umber Previously mber Previously P	Paid For" IN Th aid For" (Total (ns SPACI or Indeper	E is less th adent) is th	an 3, enter "3." e highest numb	er fo	und in the ap	propriate bo	ox in c	olumn 1.		